

**REQUEST TO THE PINELLAS COUNTY CLERK OF COURT
TO RELEASE REDACTED INFORMATION ON RECORDED DOCUMENTS
(Request by Protected Party)**

This request is made by

Printed Name: _____

I request that the Pinellas County Clerk of Court release an unredacted copy of the following redacted, recorded document:

Date of Request: _____

Document Title: _____

Book and Page of Document: Book _____ Page _____

Instrument Number: _____

Describe the lawful purpose for the search: _____

Identify the individual or property that is the subject of the search: _____

A copy of the redacted document is attached to this request.

Signature

STATE OF FLORIDA

COUNTY OF _____

Signed on _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization on (date) _____, 20____ by

(affiant name)_____.

NOTARY PUBLIC or DEPUTY CLERK

{Print, type, or stamp commissioned name of
notary deputy clerk}

_____ Personally known, OR

_____ Produced identification

Type of identification produced/ID# _____